

<p>Logos of NCIRS, Children’s Hospital at Westmead, Australia; Hamad Medical Corporation, Qatar; Ministry of Health, Saudi Arabia</p>	<p style="text-align: center;">Hajj Health Diary 2-5 October 8-11 ZUL HIJJA Barcode number</p> <p>Name:</p> <p>Camp number: Tent number:</p> <p>Name of Tour Group:</p> <p>Tour Group Leader:</p> <p>Tour group leader’s contact phone number:</p> <p>.....</p>
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Dear Hajj pilgrim,

Thank you for joining our study.

The Hajj is important to every Muslim.

Unfortunately, potentially serious infections such as influenza, coughs, chest infections and rarely Middle East Respiratory Syndrome coronavirus can be acquired and can affect your time at the Hajj. We would like to know if the use of simple facemasks can reduce the frequency of respiratory symptoms among Hajjis.

In this study, there will be two groups of people. One group will be asked to wear facemasks, while the other group will just continue as normal without facemasks. Adult pilgrims (aged 18 years or more) of any gender can participate.

Please tell us about your health during the next 7 days by answering the questions in two health diaries.

1

This is the first diary, for the days at Mina (2–5 Oct, 2014). The second diary is for 3 days after Mina (6–8 Oct, 2014).

Please take a few minutes before your evening meal each day to record information about your health in the diaries.

If you experience fever and cough or sore throat or runny nose while at Mina, please notify one of our study staff as soon as practically possible. They will take a swab from your nose for later analysis so that we can learn if a virus is causing your symptoms.

On the fourth night at Mina (5 Oct), study staff will collect the first diary. Please continue to answer the questions in your Post-Hajj diary (the 2nd diary) and post it in the self-addressed pre-paid envelope as soon as you reach your home country.

2

Instructions for completing the diary

Please tick the boxes that are true for you.

For example, if a person was feeling feverish with a runny nose and headache, he or she marks the corresponding boxes:

- ☒ **Feeling feverish**
- ☐ **Cough**
- ☐ **Sore throat**
- ☒ **Runny nose**
- ☒ **Headache**

3

If you have any questions about the conduct of the study, please contact:

Dr Harunor Rashid

Phone: +61 2 9845 1489 (Australia)

Email: harunorr04@gmail.com

Dr Haitham El Bashir

Phone: +974 4439 7062 (Qatar)

Email: HELBASHIR@hmc.org.qa

Dr Osamah Barasheed

Phone: 0503 362 068 (Saudi mobile)

Email: barasheedo@gmail.com

4

Personal Details	Medical conditions
Date of Birth:/...../..... Age: Day/Month/Year	Do you have any of the following medical conditions? <i>Please mark the box that is true with a tick (✓)</i>
Country of Birth:	<input type="checkbox"/> Heart disease: eg. coronary artery disease, congestive heart failure, had heart attack, congenital heart disease.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Chronic lung diseases: eg. chronic bronchitis, emphysema, chronic obstructive airway disease (COAD), severe asthma, bronchiectasis, cystic fibrosis
Home address:.....	<input type="checkbox"/> Chronic neurological conditions: eg. stroke, multiple sclerosis, spinal cord injuries.
Country..... Mobile phone number in home country:	<input type="checkbox"/> Immune suppression: eg. HIV/AIDS, cancer, leukaemia, long-term (more than 2 weeks) prednisone or methotrexate
Other contact number in home country: Day/Month/Year	
Date arrived in Saudi Arabia:/...../2014 ⁵	

<p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney diseases: eg. chronic renal failure, dialysis, nephrotic syndrome <input type="checkbox"/> Other chronic illnesses(<i>Please name</i>) </p> <p> Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable </p> <p> Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> Do you have a beard? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable </p> <p> Are you on regular medications? <input type="checkbox"/> No <input type="checkbox"/> </p> <p style="text-align: right;">7</p>	<p> Influenza vaccination history Have you received influenza (flu) vaccine in 2014? <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> If so, where did you get the vaccine? <input type="checkbox"/> Doctor/GP (including practice nurse) <input type="checkbox"/> Council clinic <input type="checkbox"/> Mobile clinic (eg. in mosque) <input type="checkbox"/> Place of work <input type="checkbox"/> Hospital <input type="checkbox"/> Hajj tour group <input type="checkbox"/> Travel clinic <input type="checkbox"/> Other, (<i>please specify</i>). </p> <p style="text-align: right;">8</p>
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<p>If you did not get an influenza vaccine, please indicate the reason why:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I didn't know that the vaccine exists <input type="checkbox"/> I don't like injections <input type="checkbox"/> I am allergic to flu vaccine / allergic to the egg in it <input type="checkbox"/> I don't come into contact with people who have flu <input type="checkbox"/> I rarely get flu <input type="checkbox"/> I rely on my own natural immunity <input type="checkbox"/> It costs money <input type="checkbox"/> I could not get a doctor's appointment <input type="checkbox"/> I was too busy <input type="checkbox"/> The vaccine causes the flu <input type="checkbox"/> People I know have had bad reactions/ complications <input type="checkbox"/> The vaccine does not work <p style="text-align: right;">9</p>	<p>Have you received pneumococcal vaccine (for pneumonia) in the last 5 years</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: right;">10</p>
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<p>Diary notes made in the evening of Thursday 2/10/2014</p> <p>Symptoms: <i>(Please mark all of your symptoms)</i></p> <div> <input type="checkbox"/> No symptoms <div> <input type="checkbox"/> Feeling feverish <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose </div> <div> <i>If you have fever plus any one of these symptoms please notify study staff in the evening</i> </div> </div> <input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Lethargy/ tiredness <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Sputum/phlegm <input type="checkbox"/> Shivering <input type="checkbox"/> Other <div> <div>symptoms</div> <div>11</div> </div>	<p style="text-align: right;">Thursday 02/10/2014</p> <p>During the time that you were awake today, about how many hours did you use a facemask?</p> <div> <input type="checkbox"/> None (0 hours) <input type="checkbox"/> A few (0-4 hours) <input type="checkbox"/> Some (4-8 hours) <input type="checkbox"/> Most of the day (8-12 hours) <input type="checkbox"/> All of the time </div> <p>How many facemasks did you use today?</p> <div> <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> >6 </div> <p>Did you use facemasks when sleeping last night?</p> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <div></div> <div>12</div> </div>
<p>Diary notes made in the evening of Friday 03/10/2014</p> <p>Symptoms: <i>(Please mark all of your symptoms)</i></p> <div> <input type="checkbox"/> No symptoms <div> <input type="checkbox"/> Feeling feverish <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose </div> <div> <i>If you have fever plus any one of these symptoms please notify study staff in the evening</i> </div> </div> <input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Lethargy/ tiredness <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Sputum/phlegm <input type="checkbox"/> Shivering <input type="checkbox"/> Other <div> <div>symptoms</div> <div>13</div> </div>	<p style="text-align: right;">Friday 03/10/2014</p> <p>During the time that you were awake today, about how many hours did you use a facemask?</p> <div> <input type="checkbox"/> None (0 hours) <input type="checkbox"/> A few (0-4 hours) <input type="checkbox"/> Some (4-8 hours) <input type="checkbox"/> Most of the day (8-12 hours) <input type="checkbox"/> All of the time </div> <p>How many facemasks did you use today?</p> <div> <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> >6 </div> <p>Did you use facemasks when sleeping last night?</p> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <div></div> <div>14</div> </div>

<p>Diary notes made in the evening of Saturday 04/10/2014</p> <p>Symptoms: <i>Please mark all of your symptoms</i></p> <p><input type="checkbox"/> No symptoms</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Feeling feverish <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> <p><i>If you have fever plus any one of these symptoms please notify study staff in the evening</i></p> </div> </div> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Muscle pain</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Lethargy/ tiredness</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhoea</p> <p><input type="checkbox"/> Sputum/phlegm</p> <p><input type="checkbox"/> Shivering</p> <p>Other _____</p> <p style="text-align: right;">15</p>	<p style="text-align: right;">Saturday 04/10/2014</p> <p>During the time that you were awake today, about how many hours did you use a facemask?</p> <p><input type="checkbox"/> None (0 hours)</p> <p><input type="checkbox"/> A few (0-4 hours)</p> <p><input type="checkbox"/> Some (4-8 hours)</p> <p><input type="checkbox"/> Most of the day (8-12 hours)</p> <p><input type="checkbox"/> All of the time</p> <p>How many facemasks did you use today?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> >6</p> <p>Did you use facemasks when sleeping last night?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p style="text-align: right;">16</p>
<p>Diary notes made in the evening of Sunday 05/10/2014</p> <p>Symptoms: <i>Please mark all of your symptoms</i></p> <p><input type="checkbox"/> No symptoms</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Feeling feverish <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> <p><i>If you have fever plus any one of these symptoms please notify study staff in the evening</i></p> </div> </div> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Muscle pain</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Lethargy/ tiredness</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhoea</p> <p><input type="checkbox"/> Sputum/phlegm</p> <p><input type="checkbox"/> Shivering</p> <p>Other _____</p> <p style="text-align: right;">17</p>	<p style="text-align: right;">Sunday 05/10/2014</p> <p>During the time that you were awake today, about how many hours did you use a facemask?</p> <p><input type="checkbox"/> None (0 hours)</p> <p><input type="checkbox"/> A few (0-4 hours)</p> <p><input type="checkbox"/> Some (4-8 hours)</p> <p><input type="checkbox"/> Most of the day (8-12 hours)</p> <p><input type="checkbox"/> All of the time</p> <p>How many facemasks did you use today?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> >6</p> <p>Did you use facemasks when sleeping last night?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p style="text-align: right;">18</p>

<p>Did you have any problems with using masks? (<i>please mark all those that are true</i>)</p> <p><input type="checkbox"/> No problems</p> <p><input type="checkbox"/> Uncomfortable</p> <p><input type="checkbox"/> Difficulty breathing</p> <p><input type="checkbox"/> Inconvenient</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Limitation to social interaction</p> <p><input type="checkbox"/> Other:</p> <p>Have you used antiseptic solution/hand rub at any time since arriving in Saudi Arabia?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p style="text-align: right;">19</p>	<p>About how many times a day did you wash your hands with soap, antiseptic solution or hand rub (after meal, before meal or touching anything dirty)?</p> <p><input type="checkbox"/> Each time</p> <p><input type="checkbox"/> Seldom</p> <p><input type="checkbox"/> Never</p> <p>On your way to Saudi Arabia (ie, during your trip to this Hajj) did you visit other countries?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, <i>list the countries visited</i></p> <p>.....</p> <p>.....</p> <p style="text-align: right;">20</p>
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<p>On your way back to your country of residence (ie, after you leave Saudi Arabia) will you visit any other countries?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, <i>please list the countries you will visit on your trip back home</i></p> <p>.....</p> <p>.....</p> <p>Did you visit Medina before Hajj?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, when did you return to Mecca?</p> <p>Date...../...../.....</p> <p style="text-align: right;">21</p>	<p>If you have NOT already visited Medina do you plan to do so at the end of the Hajj?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Thank you for completing this diary.</p> <p>Rest assured that all information you provide is confidential.</p> <p>Please return this diary to study staff at on the evening of the 4th day.</p> <p>If you forget to return your first diary to study staff before you left Mina, please post it along with your Post-Hajj diary in the self-addressed envelope provided.</p> <p style="text-align: right;">22</p>
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